

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

Vol. IV.

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No. 9.

THE Boston Journal opens its semi-annual mouth. It does n't like the College Association; rather scorns it, in fact. In the weary waste of ignorance which floods the medical educational world it spies but a small bit of an olive-branch Philadelphia-wards. It is a pity that the Boston Journal does not mix more with its fellows. It would then gain something of a human heart, and probably take a wiser view of medical affairs. The individual reform in the schools of which it speaks, upon which only it thinks solid success can rest, is no doubt an excellent thing. Harvard is the only school, however, which as yet has succeeded with it; and that after how many years of struggle! We mistake if any thing great comes out of the movement in the University of Pennsylvania. Philadelphia is not the most favorable soil for the higher education. With all its wealth, the counter has ten times greater attraction for its young men than has the class-room. The "University," in letters at least, has not amounted to much. It has too many "college-men" in jackets. The Girard institution, too, smacks not only of yellow soap, but of infidelity. The fame of the University of Pennsylvania in medicine was gained under the old regime.

While individual reform is making its necessarily slow progress, there is a great mass of humanity which the College Association can affect speedily. Even if it do not go to the bottom of affairs, it can do much by its widespread influence. It deserves a hearty support; and people occupying the "higher planes" will make themselves a great deal more agreeable if they will accord this.

VOL. IV.—NO. 9

DR. TALIAFERRO, of Atlanta, publishes in the Richmond and Louisville Magazine for August a long article upon stem-pessaries, wherein the subject is quite well set forth. The occasion for the paper was a criticism which appeared in the LOUISVILLE MEDICAL NEWS (May 26th) on Dr. Taliaferro's stem-pessary. It may be remembered that the peculiarity of this instrument was its archaic simplicity, any one being able to fashion it, and the fact that it was to be stitched *in situ*. We admire Dr. Taliaferro's industry, as displayed in the list of authorities presented on the main subject of stem-pessaries, and we acknowledge the courtesy shown us in not muffling *our* heads with the mantle of his contempt. We might have wished that he had said more concerning his own invention, which was the only point at issue, simply that we might transcribe the same for the benefit of our readers. Personally, the wood-cut given of the Taliaferro stem-pessary is amply satisfactory. We can see at a glance now how unjust was the criticism, as this shows Dr. Taliaferro simply wishes to insert a concern which looks like the Bunker Hill Monument into the cervical canal, and hold it there with a few guy-ropes passed through the uterine walls. We had feared he intended to be rough.

IT is not so much we care that "scarlatina and scarlet fever are for the most part identical;" we are peaceful people, and could give that up; but if we admit it, some fellow will be coming along and trying to demonstrate that rubeola and measles are somewhat similar; and then the way is clear open to establish the identity betweenague

and the "bloody chills." There has got to be a line drawn somewhere over which these pathologists and schoolmen can not go, or they will refine our science away to nothing. Forty Heberdens shall not swerve us from our purpose of holding the fort.

FOUR presidents of the American Medical Association have been at one time in the faculty of the University of Louisville: S. D. Gross, Henry Miller, David W. Yandell, and T. G. Richardson. Two gentlemen at present prominent candidates for the chair were also members of the same faculty: Austin Flint, sr., and Theophilus Parvin.

Original.

A CASE OF MEDULLARY CANCER OF THE POSTERIOR MEDIASTINUM AND RIGHT PLEURA.

[Translated from Nordiskt Medicinskt Arkiv.]

BY J. A. OCTERLONY, A. M., M. D.

A laborer, aged twenty-three, was taken sick in July, 1874, with symptoms of pleuritis of the left side. After a week he was well enough to sit up, but still suffered from weakness and shortness of breath, and his strength diminished daily. He was admitted to hospital the 8th of October, 1874, and then presented physical signs of an exudation in the right pleural cavity, rising to the height of an inch below the spine of the scapula. The temperature reached from 37° to 38° ; pulse 100; respirations 40. He was somewhat emaciated, and very feeble. Thoracentesis was twice performed without obtaining any fluid. Under moderate but persistent fever he gradually declined in strength, and after the development of an acute nephritis he died 13th of April, 1875.

AUTOPSY.

The right pleural cavity was occupied by a mass of tumors, some distinct, some in close groups, others simply connected with one another, and varying in size from a

hempseed to a pigeon's egg. In three places were cavities with fluid contents; one had the size of a swan's egg, containing a milky-looking fluid (pus); another, three to four times larger, with a thick, brownish fluid; the third was smaller, and had contents similar to the first. This last-mentioned accumulation of fluid so distended the right pleural cavity that the latter bulged between the vertebral column and the thoracic aorta, and had considerably encroached upon the space usually occupied by the left lung. Over a space measuring five inches, and corresponding to the abscess, the bodies of the vertebrae were denuded of periosteum, and their surfaces jagged and rough. In both lungs were three tumors the size of a pea, having the same appearance as the pleural tumors. The peritoneal covering of the diaphragm had also several similar tumors as large as Spanish nuts. The liver, spleen, and both kidneys presented small, yellowish-white, round, and sharply-circumscribed nodules.

Microscopic examination revealed that the pleural tumors, as well as the metastatic deposits in other organs, consisted of a neoplasm extremely rich in cells, lying in large alveoli which were formed of fine and scant connective tissue stroma. The cells, even in the smaller tumors, showed incipient fatty degeneration; this process was so far advanced in the interior of the larger tumors that the cells in them were completely disintegrated, and only fatty detritus remained.

This case is quoted as additional proof of the difficulty of diagnosis in cancer of the pleura. It was regarded as a case of effusion in the right pleural sac. When thoracentesis did not give exit to fluid it was supposed that the exudation was circumscribed, or that false membrane or coagulated fibrin prevented the flow. Pleural cancer, as a rule, is not primary, but almost always secondary; it is most frequently a complication of mammary cancer or, as in this instance, of cancer of the mediastinal glands.

LOUISVILLE.

A CASE OF TUMOR OF THE MEDIASTINUM AND THYROID GLAND.

[Translated from *Nordiskt Medicinskt Arkiv.*]

BY J. A. OCTERLONY, A. M., M. D.

The patient was a woman, aged sixty-one years. Her illness appeared to have dated only four months back. During that time she suffered from severe dyspnoea, hoarseness, and difficulty in swallowing food. She also presented a swelling in the anterior and lower part of the neck.

AUTOPSY.

The tumor, without being sharply defined, involved both lateral lobes of the thyroid gland and almost completely surrounded the trachea. Its length was twelve cm., breadth eight cm.; and its largest circumference, which occurred at the arch of the aorta, was twenty-six cm. The tumor reached down upon the pericardium, and the main part completely filled the upper mediastinal space from the sternum to the vertebral column. The large arteries and veins were embedded in the tumor, with which their sheaths were intimately connected. The middle lobe of the thyroid had entirely disappeared, its place being occupied by a mass of the morbid growth, resting immediately upon the trachea. The tumor was solid, lobulated, yellowish white in color, and of marrow-like, succulent appearance. Microscopic examination proved it to be a round-celled sarcoma.

It was thought most likely that the growth had arisen from the middle lobe of the thyroid; that it subsequently developed, chiefly downward, under the sternum, and finally implicated the lateral lobes of the thyroid. It is, however, quite possible that the neoplasm arose from the mediastinal glands and connective tissue and the sheath of the great vessels.

LOUISVILLE.

DR. J. MARION SIMS continues to be a victim of his friends. The praise of Stuart (*Henri*) was not more damaging than the rage of Richmond and St. Louis.

Correspondence.

To the Editors of the Louisville Medical News:

On the 16th of July I was summoned to a case of acute ascites, as I might term it. Dr. Chapman has reported two, Darwall one, and I have seen one or two others reported similar to mine. I have been in the field a good while, and the ensuing case, as given, is the first I have reported.

Mr. Rodgers sent for me at the time above-stated. He was some forty-five years of age, a farmer of industrious, prudent, temperate habits, of a bilious leuco-phlegmatic temperament, well formed, weighing about one hundred and sixty pounds. He had always been healthy and active, though occasionally, for twelve months, had complained of pain in the lumbar and hypogastric regions. He had been laboring, came home to his dinner, ate heartily, lay down under some shade-trees in his yard, slept an hour or so, and awoke with pains extending over abdomen. It was swollen and distended with serum, pains radiating from lumbar region, following the ilioscrotal, obturator, anterior crural, and sciatic nerves, with contraction of left testicle, and along the spermatic cord. He also had some oedema of feet and ankles. On my arrival I found him with knees drawn up, pulse accelerated, some thirst, extreme difficulty in passing urine, and in very small quantities, with a great desire to be up often, saying his bladder was full and it must be emptied. He was extremely nervous. Seeing his great agony I diagnosed his case as best I could. At first sight it seemed the trouble might have been caused by chrosis of liver, but the true points in his case controverted this view. He had had no hemorrhage, and had been temperate. Nor was it albuminous nephritis; nor was it tubercular disease of the mesenteric glands or impeded circulation. Neither was it anaemia or any blood disease favoring effusion, for the man's history would not have supported such a theory. The heart's action was normal, no blowing sound could be heard in the veins

of the neck; breathing free, although the man had a cough, accompanied by a frothy sero-mucous expectoration, with some dispersed mucous rales, which were revealed by auscultation. There was no emphysema; the feet and ankles, as above said, were edematous, which came on a day or two after his abdominal dropsy. No traces of albumen could be detected in his urine. Still there must have been some bladder or nephritic trouble previously for twelve months from the pain in the back, though no disturbance had existed in his urinary organs noticed until after the effusion in peritoneum.

Having, as far as possible, made out the case, I suggested the only remedy, in my judgment, viz., paracentesis, which was performed, drawing off by actual measure seven gallons serum, which was intersprinkled with fibrinous shreds and white specks. Prior to operating (as he was anxious to have the bladder emptied), it being proper prior to tapping, I attempted to introduce a silver catheter, No. 10, and failed. I succeeded in the second attempt by injecting urethra with olive oil, and retaining it; at the same time filling the catheter with oil, and introducing with no difficulty, I drew off three or four ounces highly-colored urine, followed by some little hemorrhage from bladder. In three days I was sent for again, having given it as my opinion that there was no chance for him. Two other physicians in the meantime having been called in, who not appreciating fully the graveness of the case, thought there was a chance for his recovery. On consultation I opposed a second tapping, as he was then laboring under symptoms of uremic poisoning, irregular, intermitting pulse, cold skin, and sweat, with delirium. He died that evening.

The therapeutical measures adopted during the time was the usual treatment recommended in such cases. The shreds and specks detected in the fluid drawn from the belly indicated a high state of inflammation of peritoneum. As the causes of dropsy are very various, and peritonitis being one, may this not be a similar case to those reported

by Darwall and Chapman? They seem not to have drawn an inference of the nature of their cases.

J. C. ROBERTS, M.D.

PULASKI, TENN., August 26, 1877.

Miscellany.

DR. SAYRE IN ENGLAND.—*The Lancet* for July 14th announces Dr. Sayre's arrival in London, and offers him a cordial greeting, and in the issue for July 21st gives an extended account of the principal points insisted on by Dr. Sayre "in his forcible expositions of the pathology, diagnosis, and treatment of spinal curvature." All the late numbers of the British Medical Journal contain references to his visit. That for July 14th, in speaking of his demonstration at University College Hospital, gives the details of his method of treatment of Pott's disease and lateral curvature, and those for July 21st and July 28th contain reports of his demonstrations at St. Bartholomew's and Guy's Hospital respectively. His first demonstration of his method in London was at University College Hospital, by invitation of the Surgical staff, before an immense audience. Tuesday, July 17th, he delivered a clinical lecture at St. Bartholomew's Hospital, at the invitation of Mr. Callender, and the same week he also appeared at the London Hospital. Wednesday, July 25th, he visited Guy's Hospital, by invitation of Mr. Durham, and "put up" two cases of Pott's disease and one of lateral curvature, before a large number of the profession. The first of the cases of Pott's disease was the daughter of Dr. Gooding, of Cheltenham, and the second a child of eleven, who had never stood, and the worst case, Dr. Sayre said, which he had ever seen. In less than half an hour he had the satisfaction of making her walk, which, of course, created the greatest enthusiasm among the audience. On the day following he "put up" four cases at the Royal Orthopaedic Hospital, of which he had previously had photographs taken.

Dr. Sayre then made a visit to Birmingham, at the request of the branch of the British Medical Association located there, and by invitation of Mr. West, senior surgeon, gave a demonstration in the amphitheater of the Queen's Hospital, which was crowded to its utmost capacity. He lectured for one hour, during the course of which the plaster-jacket was applied to two cases of Pott's disease and one of lateral curvature, and at its conclusion Mr. West made a fine address, and moved a "hearty welcome and thanks to the great American surgeon." The sequel is thus described by an eye-witness: "Mr. Furnieux Jordan seconded the motion, with such a glowing tribute, and in such fervid eloquence that Dr. Sayre became completely overcome. He spoke of the millions of human sufferers, heretofore tortured by rack and screw, and even then left miserable and misshapen, who would now be made easy and comfortable, and restored to perfect health and perfect form. He thanked God that the days of the hunchback had passed away, and that the instruments of torture would never again be resorted to. At the conclusion of his remarks there was not a dry eye in the house, and there probably never was such a scene in any medical meeting before. Tears of gratitude got the better of Dr. Sayre's ability to speak, and he broke down completely in his first attempts to respond. In a few minutes, however, he sufficiently recovered himself to express his appreciation of the sentiments just uttered, and shortly afterward so electrified the audience with his own enthusiasm that one would have thought the roof would go off the amphitheater."

On the 6th of August Dr. Sayre was to go to Manchester to be present, as a delegate from the United States, at the annual meeting of the British Medical Association, after which he expected to devote himself for a time to the preparation of a work on the treatment of spinal disease, which will be immediately put in press by Messrs. Smith, Elder & Co., of London. During his stay in England he has been the recipient of much

generous hospitality. Among the pleasantest of the entertainments which he has attended were a delightful breakfast, attended by all the principal men of the place, which Mr. West gave him at Birmingham, and a magnificent dinner in the Royal Hall of St. Bartholomew's Hospital, at which there were nearly four hundred guests present.

THE following is the concluding stanza of "Life," by Mrs. Barbauld, who composed it when she was very old:

"Life, we've been long together,
Through pleasant and through cloudy weather.
It's hard to part when friends are dear;
Perhaps 't will cost a sigh, a tear.
Then steal away, give little warning,
Choose thine own time,
Say not good-night, but in some brighter clime
Bid me good-morning."

A MEDICAL CURIOSITY.—In February of this year Dr. Maske, of Görlitz, Germany, was called on to remove an iron nut from the penis of a peasant boy, who was nearly fourteen years of age. In the search after forbidden fruit the boy had drawn the nut over his penis, but was unable to get it off. He had to walk a league and a half to the doctor's office, and on his arrival the penis was found to be in a semi-erected state, swollen, edematous, and very red. The nut, which was about two fifths of an inch in thickness, was situated about four fifths of an inch from the pubes. As it was absolutely impossible to remove it by the way in which it was put on, a neighbor file-maker was called in, and after over an hour's work the upper part of the ring was filed through. It was then laid on a small anvil, the scrotum being carefully protected, and a blunted chisel was introduced into the opening made by the files, and by a few light strokes of a hammer the nut was sprung open to a slight extent. Dr. Maske then succeeded, by compressing the part of the penis which was situated behind the nut, in forcing it through the opening he had made. The penis soon regained its normal condition.

MESMERIC IMPOSITIONS.—Miss Martineau, as is well known, had a profound belief in the marvels of mesmerism. This lady had a servant, J—, to whom were imputed wonderful powers of clairvoyance. On one occasion, while in the mesmeric sleep, she gave "the particulars of the wreck of a vessel, of which her cousin was one of the crew; as also of the previous loss of a boy overboard; with which particulars, it was positively affirmed by Miss Martineau, and believed by many on her authority, that the girl could not have been previously informed, as her aunt had only brought the account to the house when the séance was nearly terminated. On being asked, says Miss Martineau, two evenings afterward, when again in sleep, 'whether she knew what she related by hearing her aunt telling the people below,' J— replied: 'No; I saw the place and the people themselves, like a vision.' And Miss Martineau believed her.' After all, the girl was proved to be an imposter. A medical friend, on making a rigorous investigation, discovered "unequivocally that J—'s aunt had told the whole story to her sister, in whose house Miss Martineau was residing, about *three hours before the séance*; and that, though J— was not then in the room, the circumstances were fully discussed in her presence before she was summoned to the mesmeric performance. Thus not only was J— completely discredited as a seer, but the value of *all* testimony to such marvels was seriously lowered when so intelligent a witness as Harriet Martineau could be so completely led astray by her prepossessions as to put forth statements as facts, which were at once upset by the careful inquiry which she ought to have made before committing herself to them."—*Chambers's Journal.*

DOCILITY OF VIENNESE PATIENTS.—The way they have here of making the student find out for himself what is the matter with a case is very good, no doubt, for the man who is receiving the instruction, but I doubt whether it adds very much to the comfort of the patient. I remember examining a

case of pleurisy, in which the man seemed to know very well what he should do, sitting up in bed at the right time, drawing long breaths, etc. I told him that he seemed pretty well up in that sort of thing, and he seemed to think that it was not very strange, considering that I was the third person who had examined him that day. And then I can imagine pleasanter sensations than those "enjoyed" by a patient on whom a Eustachian catheter is being passed by a student who had never before used the instrument. But for all that, I never heard a complaint from a patient; and if they are satisfied, it does not become any body else to grumble.

—Correspondence of Clinic.

A WISH.

When thou, O, Death! shall wait
Without my gate,
Call not the porter out
With knock and shout,
But still unnoticed bide
The gate beside,
Till Sleep, my ofttime guest,
Doth come in quest
Of me. Quick, after her,
Part bolt and bar;
Enter all silently.
Thenceforth for me
The gate thou mayest keep,
That calm-browed Sleep,
So often missed before,
Pass forth no more.

—H. R. Eliot, in Lippincott's.

CINCINNATI COLLEGE OF MEDICINE AND SURGERY.—This institution has abolished its regular spring session, and will hold in the future only one session; namely, the winter session. The fees have been advanced, and are now the same as those of other schools of the city. The school has been continually under a cloud from the fact that two graduating sessions were held in each year, a custom discountenanced by the first colleges of the country. We are glad to know that the faculty has rid the school of this objection. [Hurrah for the Cincinnati College!]—*Cincinnati Lancet.*

Selections.

SOLID FOOD IN TYPHOID FEVER.

Over twenty years ago I somewhere met a brief allusion to the value of solid food in typhoid fever, by Dr. Hooker, of Connecticut, now deceased. It was a mere hint embedded in some article not strictly relating to this subject, and from the universal silence of the profession it seems to have fallen unheeded. I am unable now to find the original publication; but his idea, as elaborated by myself, is this: As early in the disease as possible, before the stomach has lost its digestive power, the patient is to be given a substantial diet of plain, solid food—such as beef, mutton, roasted potatoes, and toast—three times a day, at his usual hours of eating. The food should be well prepared and made as appetizing as possible. Little or no fluid is to be used during the meal. Notwithstanding the loss of appetite and aversion to food, the patient is urged to eat, if only a few mouthfuls. The habit of eating is to be kept up. In the course of three or four days the loathing ceases, the patient readily takes food, and frequently anticipates his meals with pleasure and enjoys them with positive relish, *pari passu*, the gravity of the symptoms subsides; and the disease running a mild and regular course, the patient convalesces at the end of the third week with scarcely any other therapeutic means.

As this was but an advance upon the line of my treatment, and as my own reasoning and observation had brought me almost to the same point, I adopted the practice; and after an experience of more than twenty years, I think I can safely say that the dangers of solid food in typhoid fever are exaggerated or fanciful, and that there is no method of treatment of this disease, at least as it occurs in private practice, so satisfactory to the physician and so successful in result as this of Dr. Hooker's.

Solid Food no Irritant in Typhoid Fever.—Contrary to the established belief, my experience teaches me that solid food, in this disease, is never an irritant; that it does not increase fever, nor cause indigestion, gastro-enteritis, aggravated diarrhea, ulceration of Peyer's glands, hemorrhage, or perforation of the bowels. So far from this, solid food, when properly administered, is thoroughly and easily digested, and is a preventive of these accidents. I have every reason to believe, then, the irritation of Peyer's plates stops short of ulceration under its use.

In regard to the digestion and assimilation of the food, I can not be mistaken. In the many cases I have pursued this method the food has in no instance been rejected from the stomach, the diarrhea has ceased, and the fecal discharges have become regular, semi-solid, and have borne all the character-

istic appearances of healthy feces. The food must then have been digested, absorbed, assimilated, subserved the purposes of the economy, gone through the various stages of retrograde metamorphosis, and appeared at last in the excreta.

No one can fail to see the importance of thus maintaining the integrity and physiological activity of the digestive organs. The habitual secretion and subsequent resorption of pounds of saliva, bile, gastric, pancreatic, and intestinal juices can not be abruptly arrested without injuriously disturbing the whole animal economy. Such arrest must be a predisposing cause of local congestions and of vitiated secretions, which directly or indirectly aggravate already existing irritations, and increase the dangers of ulceration, hemorrhage, and perforation.

Fluid Food not more digestible than solid Food.—The use of solid food alone will maintain these functions in their full physiological vigor. A mistake is made in looking upon fluid foods as more digestible than solid. Solution and digestion are not equivalents. Digestion is a vito-chemical process—the results of the reaction of the various digestive juices of the alimentary tract—upon the food. For the secretion of these juices the process of mastication or of suction, and the rough contact of the semi-solid mass with the secreting surfaces, are necessary. This "roughness" is also necessary to excite the rhythmic movements of the stomach and intestines, a movement essential to sound digestion and absorption. When fluid food—which is but the physical separation of the nutritive particles, and their distribution through a solvent—is exclusively relied on, the secretion of the saliva and other digestive juices is imperfect, and there is not sufficient stimulus to the muscular walls of the intestines. The solvent is taken up by the veins, and the undigested pasty residue suffers unhealthy fermentations and becomes a source of irritation.

Experience and reason both thus teach that the regular use of solid food in typhoid fever best preserves the integrity of the digestive functions, prevents local congestion of the chylo-poietic viscera, saves the irritation of vitiated secretion and unhealthy fermentation, enriches the blood, and restores tissue-disintegration.

It is impossible to overestimate the advantages to the patient of this constant supply of assimilable nutriment, and the consequent maintenance of the integrity of the various organs, especially those organs whose functional activity is necessary to eliminate the poisonous results of retrograde metamorphosis. It places the whole system in the most favorable condition for resisting the destructive attacks of the fever, and supports and sustains until this self-limited disease has run through the various stages to its ordinary termination in health.

I do not wish to be understood that solid food is to be relied on to the entire exclusion of any other therapeutic means. It is only the essential factor in the treatment. At the outset quinine in liberal doses clears up the diagnosis and moderates the intensity of the fever. Opium is indicated to relieve pain, to give rest, and to control excessive diarrhea. In grave cases a mixture of chlorate of potassa and iron is a valuable tonic and haemetic; but in ordinary cases the indications for medicinal interference almost entirely ceases by the middle of the second week. As a rule, by this time the appetite has returned, the diarrhea has ceased, the fever has moderated, and the patient, if delirious, is restored to reason.—*Dr. S. D. Turney, in Ohio Med. and Surg. Journal.*

Intra-uterine Stem-pessaries.—In the Richmond and Louisville Journal for August Prof. V. H. Taliaferro, of the Atlanta school, contributes an article upon this subject in answer to a criticism which appeared in these pages upon his stem-pessary. We make the following extracts from his very interesting paper. Regarding authorities he says:

"Sir James Y. Simpson, whose genius and name will live always, tells us in his late posthumous work upon Diseases of Women, that 'the chief hope that we can, I think, ever entertain of the cure of amenorrhœa consists in the use of the intra-uterine or galvanic pessary.' Detailing a case of obstinate amenorrhœa from undersize uterus cured by stem-pessary, he says: 'At her own suggestion and earnest solicitation I again introduced the galvanic pessary, and she wore it for about three years altogether without experiencing from it any kind of inconvenience.'

"In treating the subject of retroversions Professor Simpson tells us: 'But the question arises, will the uterus bear the presence of a foreign body in its interior? Experience has replied that in properly selected cases the intra-uterine pessary can be worn without any drawback; and for many years before I had found a vaginal pessary that would give relief I had recourse to the use of the stem-pessary for the cure of retroversions, and in many cases still we are forced to use them when the vaginal instruments have failed.'

"In his work on Diseases of Women Graily Hewitt, referring to a cut of the stem devised and used by himself, says: 'The stem-pessary here recommended is half an inch shorter than those which have generally been employed, . . . and which is about one and a half inches in length, and I have very rarely found it to produce irritation.'

"In referring to his special method of retaining the stem he says: 'Unless proper means are adopted the stem is never retained in the uterus. . . . This

method of retaining the stem *in utero* answers well, and in suitable cases is a very valuable means of permanently straightening the uterus.'

"Prof. Byford, in his Diseases of Women, says: 'The stem-pessary, as it is introduced in part into the cavity of the uterus, if properly adapted, also corrects all sorts of deviations. . . . It is the most perfect mechanical support we can make use of, for if adjusted in accordance with a just knowledge of the natural place and position of the uterus it is certain to prevent it from departing from it.'

"Prof. Peasley, of New York, tells us: 'There are certain cases in which a stem-pessary must be used, and in which no other instrument will supply its place.'

"Dr. Robert Barnes, of London, in a discussion of the paper of Dr. Routh upon the subject of stem-pessaries in the Obstetrical Society of London, said: 'He was convinced that intra-uterine stems were, in properly selected cases, of the greatest use. He had frequently employed the galvanic pessary with satisfactory results in cases of amenorrhœa, the catamenia discharge appearing and the nervous symptoms passing away. In consequence of the zinc portion becoming rough, he advised the removal and cleansing of the instrument once a fortnight. In cases of dysmenorrhœa he had, after incising the os, used Dr. Chambers's stem with advantage, pregnancy having frequently followed the removal of the dysmenorrhœal condition.'

"Lomb Athill, in his Clinical Lectures on Diseases of Women, upon the subject of stem-pessaries in flexions of the uterus, says: 'I have known much good to result in such cases as the foregoing from this simple treatment. It is at least worth trying before advising that an operation should be performed. The use of the stem-pessary is also specially indicated when painful menstruation exists with either retroflexion or anteflexion of the uterus, for the stem not only renders the canal patulous, but by straightening the cervix favors the escape of the discharge.'

"Prof. Carl Schreder, in his Diseases of the Female Sexual Organs, volume X of Ziemssen's Cyclopaedia, has this to say upon the subject of stem-pessaries: 'The cases then which are adapted to the intra-uterine method of treatment are the pure flexions uncomplicated by inflammatory processes. Very good results sometimes attend its use in congenital ante-flexions, when the intolerable pain attending menstruation immediately disappears with the introduction of the stem, and conception not infrequently follows years of sterility. Retroflexion, too, as they occur in multiparae—though, to be sure, they are rarely seen—may produce much the same symptoms, and are eminently well suited to this method of treatment. . . . I am, therefore, disposed to regard the method of treatment by intra-uterine pessaries as

very efficient in appropriate cases, and not particularly dangerous."

Olshausen, Tait, Savage, Chambers, Meadows, Storer, and Cutter are quoted to the point. Then follows the remarks of Scanzoni, of whom he says:

"Scanzoni, whose work upon diseases of women was written some twenty years ago, is an avowed opponent of the stem-pessary, and evidently rests his opposition upon the uncertain results obtained from the instruments of Valleix, Kiwisch, and Detschy.

"When it is remembered that these instruments by their extra-uterine and extra-vaginal attachments, disregard and interrupt the physiological movements of the uterus, hence subjecting the organ to the dangers of friction and concussion, it can not be wondered that he uses the following language: 'For our part we never cured a flexion.'

An examination of the mechanism of the respective instruments of Simpson, Valleix, etc., will explain why those who followed the one had good results, while those who adopted the other had troubles continually. It will be seen that the instrument of Valleix virtually impales the uterus, destroying absolutely its freedom of mobility, and subjecting it, with the adjacent structures, to the constant danger of serious injury. The stem of Simpson, with its small extra-uterine bulb, rides so freely on the vaginal walls as certainly not to endanger the organ from concussion. The synchronous movements of the uterus with the respiratory act must be of the most delicate nature, and should always be borne in mind in the adjustment of a pessary, whether intra-uterine or vaginal. It may be justly said that a pessary approaches perfection in proportion to its non-interruption with the physiological mobility of the uterus, and *vice versa*.

"The objectionable features of Simpson's stem and its modifications are the difficulty in its retention and the friction consequent upon its independent upward and downward motion in the uterus. It was to meet these difficulties that the delicate stem, with its silver suture attachment, was devised, and for which I have been so roughly handled.

Essentials for the Stem-pessary:

"1. A fit sufficiently loose to make no undue pressure at any point, and which at the same time is sufficiently close and secure in position to prevent any free motion of the instrument.

"2. It should be perfectly secured in its position in the cervix, so that no slipping up and down is allowable.

"3. It should cause no pain or uneasiness either in its introduction or its continued use.

"4. The point of the instrument, when introduced, should extend but little beyond the internal os.

"5. The uterus should be free from any marked tenderness or congestion.

"6. The peri-uterine structures should be soft and

elastic, and free from tenderness. (The italics are mine.)

"7. The instrument should be light and simple in construction, flat in shape, and preferably of zinc and copper or copper alone."

Precautionary Measures Preceding the Use of the Stem.—"The precautionary measures necessary to precede the use of the stem apply particularly to the uterus and the peri-uterine structures. If the uterus is congested and excessively tender, it is best to remove or at least modify these before using the stem. If the peri-uterine structures are tender, and if in addition they be not soft and elastic, or the uterus fixed by adhesions, the stem is not admissible until these are removed.

"The failure of appreciation and recognition of these congestions and inflammatory conditions accounts for very much of the disfavor in which the stem was held some fifteen or twenty years ago, as also the present opposition of those unskilled in its use.

"We should be careful that the beginning of treatment by the stem in no way conflicts with the menstrual epoch; hence it is well to introduce the stem six or seven days after the cessation of menstruation, which, in addition, gives full time for the establishment of tolerance in the organ to the foreign body before the next period."

Precautionary Points in the Use of the Stem-pessary.—"The precautionary points to be looked for in the use of the stem are: Pain, soreness, or persistent discomfort in the region of the uterine organs. Should these occur, the instrument should be removed for the time being. For three or four days (or longer if there be the least discomfort) immediately following the application of the stem, the patient should be quietly in doors, and preferably in bed. Vaginal douches of hot water, with a Davidson syringe, twice or three times daily, should be used during the patient's confinement, and subsequently twice a day while the stem is worn. The position of the patient on the back, with the hips a little elevated, is a matter of some consequence in the use of the syringe. Should the patient complain, as some do, of this position, she may use the douche effectively in the sitting posture, by grasping the *labia* firmly around the nozzle of the syringe and pumping the vagina full to distension; this will require some four or five pumps when the hold is relaxed and the vagina emptied. The process is again and again repeated, until the whole quantity of water is consumed.

"Habitual constipation should be guarded against by appropriate measures.

"The patient should be thoroughly acquainted with the nature of the instrument she is using and the necessity of giving prompt notice of any untoward symptoms.

"After a few days from its introduction, when the uterus has become tolerant of its presence, no pain, soreness, or discomfort arising, she may take her usual exercise on foot, horseback, in the ball-room; or as house-wife, cook, laundress, etc.

"In this freedom of exercise an absolute prerequisite is that the *free motion of the viscera* should be unimpaired by dress. Hence corsets, tight clothes, and heavy skirts suspended from the waist, should be positively interdicted."

Diseases amenable to the Stem-pessary.—"The pathological conditions amenable to the stem-pessary cover a much broader scope than formerly considered.

"In flexions of the uterus, amenorrhea from infantile uterus or superinvolution, dysmenorrhea from whatever cause, sterility, endometritis with atrophy and thinning of the uterine walls, and indeed any condition in which we need constant and protracted stimulation of the uterus, the stem is appropriate and invaluable. An experience extending over a number of years with different varieties of stem-pessaries justifies the opinion that with any *reasonable care* in the selection of cases they are perfectly safe.

"In reference to the length of time the stem may be worn, I can not do better than quote the language of Professor Olshausen: 'The instrument must be worn as long as it is well borne, and as it seems necessary for a cure (a year or more) or relief of the trouble.'"

Methods of keeping the Stem-pessary in situ.—"Many devices have been adopted to keep this variety of stem in position. All vaginal attachments are objectionable, because they impair the mobility of the uterus. Where the stem is used in conjunction with a vaginal pessary, they should be entirely independent each of the other, and without diaphragms or cross-bars for fixing the stem, as found both in the arrangements of Thomas and Graily Hewitt.

"A stem-pessary should rarely be over two inches in length. It should extend but little above the internal os, the usual site of flexion. The cavity of the body of the uterus is not as tolerant of foreign substances as is the neck, a fact not to be lost sight of in the application of the stem. Very much of the unpopularity of the old instruments came doubtless from this cause and the too great length of the stem.

"It is only in conditions of the uterus as found sometimes in superinvolution, infantile uterus, etc., where the organ is not sensitive, and where a powerful stimulation is desired, that the length of the stem may be such as to approach and even to touch the fundus.

"Where the length of the stem is such that the cavity is much encroached upon, or the fundus is reached, we can readily understand the advantages

of securing and fixing the stem, as described, by silver suture.

"The advantages of a stem-pessary which has not the slightest *independent motion* over those with a constant jogging motion, occasioned by the incessant upward and downward play of the uterus, must be apparent to every thoughtful mind.

"It has been suggested by medical gentlemen that the presence in the tissues of the silver wire used for securing the stem was objectionable, as it might prove to be a source of constant irritation, and possibly inflammation. The innocuous character of the silver wire in living tissues is well known to surgeons, and is least of all things to be feared."

Treatment of Nasal Catarrh.—Simple as the disease appears, limited as it is to a very small region of the body, and superficial as it remains during its whole course, it has baffled all efforts at speedy cure whenever allowed to penetrate deeply into the complex and wonderful recesses of the nose and its appendages. Ten years of constant experience in the treatment of this disease has failed to bring forth an antidote, a specific cure. In that time I have, however, succeeded in simplifying the treatment and in shortening considerably the time of its duration.

Success rests principally in the restoration of the functions of the body to a healthy standard; in giving to the blood the fibrine and red corpuscles that have been diminished through the effects of the disease; in removing the stench from the nostrils of the affected one, which has naturally been a barrier between himself and social life, depriving him of its cheerful and healthful influence. Finally, a cure is the reward of the combined efforts of physician and patient.

When the patient is anaemic, with impaired digestion, his liver torpid, I have found a combination of small doses of mercury with iron and quinine to answer very well in restoring the secretions and imparting renewed vigor.

R Hydr. chl. corros.....	grs. j-iij;
Tinct. ferri. chlor.....	3 j;
Elixir cort. calisayæ (detan-	
nized)	3 v. M.

Dose, teaspoonful in a wineglass of water three times a day, at meals. At the same time his diet should be restricted, and should consist of meats and meat-juice, milk, eggs, and bread; that is, to be light, nourishing, and blood-making. With the meat and eggs some preparation of pepsin should be given until powers of digestion are restored. Out-door exercise should be strictly enforced.

In those cases where the functions of the liver are natural, but where the nervous system is enfeebled, the following combination generally suffices to restore the tone in the nervous element:

R Acid. phosph. dil..... $\frac{3}{2}$ j;
 Ferri. pyrophosph..... grs. c;
 Sulphatis strychniae..... grs. ij;
 Elixir gentian vel cort. cali-
 saya detannized $\frac{3}{2}$ v. M.

Teaspoonful three times a day in wineglass of water.

When anaemia is the most predominant symptom, in addition to one of the foregoing prescriptions, I give, for a time, a pill containing:

R Sulph. ferri exsic..... grs. xxx;
 Sulph. manganes..... grs. xxx;
 Sulph. quiniae gr. xlvi;
 Ext. gentian q. s. M.

To be made into thirty pills. Take one three times a day, at meals.

The bowels should be kept regular, and the patient's body and mind engaged in some active or recreating work.

The local treatment is always unpleasant and generally painful, and for this reason I have simplified it as much as I possibly could. In the first place, the patient should be well instructed how to use an injection, or douche, through the nostrils. (I prefer the syringe, for the reason that the force of the current can always be regulated by the patient himself.) When he can open his mouth sufficiently and breathe while the current is passing from one nostril to the other, and he made to understand that all the water must be allowed to flow out of the nasal passages before breathing through them, then he can be intrusted with that part of the treatment. During a ten years' constant application of this method I have not met with a case of inflammation of the middle ear produced by an injection when used as above directed.

A solution of common salt, in warm water, has given better results than any other injection I have used. It is generally soothing, and washes out the passages very well. When this application is made three times a day, and the passages are well cleansed, no hard scab has time to form, the nauseous smell soon disappears, and the disease is checked in its progress.

When the disease is on the wane, light astringent injections may occasionally be used to an advantage. Acetate of lead, tannic acid, and sulphate of quinine may be used in weak solutions.

The patient should also be instructed how to mop the upper part of the pharynx by a tongue-depressor, if necessary, and to make local applications there with a curved camel's-hair brush or mop made with cotton wool. For such applications I prefer a solution of chlorate of potash or of common salt where there exists much irritation, and of turpentine when the circulation is sluggish and the parts are covered with a muco-purulent secretion.

Having the patient conversant with the use of the mop, the nasal passages cleansed, and the pharynx attended to daily, the moment that these means are found to have caused a check in the progress of the disease is the most favorable time for the physician to begin the local curative applications. Of these I have found nitrate of silver to answer best, and use it almost exclusively. When a strong impression requires to be made on the mucous membrane, I use a solution of one hundred to one hundred and twenty grains to the ounce, with a very fine atomizer, washing off the parts immediately after with a solution of salt. When a stimulating influence is desired, a solution of ten to forty grains is best. Such applications should be made over the nasal passages and the pharynx once every fourth, sixth, or seventh day, judging from the effects produced, until the disease is entirely cured; otherwise you will have the mortification of going back over the same routine with your patient, or of seeing him leave you dissatisfied.

The result of the above treatment will generally be as follows: The appetite returns, the coloring of the skin improves gradually, the weight of the body increases, the spirits become more buoyant, and your patient is not only grateful for the benefits obtained, but is anxious, among women especially, to carry on strictly the directions of the physician until an entire restoration to health is obtained. Men generally abandon the treatment before its completion, and the result is that while there are some who do recover, many have a return of the disease and all of its unpleasant symptoms.—*J. C. LeHardy, M. D., in the Atlanta Med. and Surg. Jour.*

How and when to open the Abscesses about Hip-joint.—I believe the general rule should be to open abscesses as soon as they can be detected. As to the kind I mentioned first—those that occur early in the most acute cases—there can be no doubt as to the necessity for their early evacuation; if they are left, the worst results will follow. As to those that form the second and third varieties, the same rule of opening them early is, I think, the best. It is true that, in one case in fifty perhaps, absorption may take place; but this event is so rare that it may be left out of consideration in framing a general rule. If left, these abscesses almost invariably, though it may be very slowly, increase, and at length form a large bed in the muscular interspaces of the limb. In opening these abscesses, you may often employ the aspirator with advantage, if you will use some simple form of this instrument with a large-sized needle, so that its canal will not be soon blocked if the pus be curdy or flaky. But the emptying will have to be repeated several times, and perhaps you will at last be compelled, by the repeated accumulation of pus, to lay the sac freely open. The best method of deal-

ing with all these abscesses, however, appears to be by the antiseptic method of Professor Lister. Under the carbolic spray a free incision may be made, the sac emptied by gentle pressure, and a drainage-tube inserted. By this means the abscess-cavity may be kept drained empty, and thus be under the most favorable conditions either for obliteration or transformation, if there be diseased bone in connection with it, into a sinus. Lister's gauze forms a highly convenient and comfortable dressing. Of course a number of these abscesses, since they result from bone-disease, do not rapidly close; but much is gained by converting them into sinuses. Many, however, in cases in which the bone is not affected have ceased to discharge in some six weeks or two months. Lister's dressing need not be continued beyond about a month. After that time, when the sac will be lined with granulations, oakum laid over linen spread with ointment forms a very satisfactory dressing. Poultices, by their warmth and moisture, sometimes relieve pain and tension; but they are so objectionable in many ways that they should be very seldom used.

An excellent method of opening deep-seated abscesses near important blood-vessels, as in Scarpa's triangle, is that devised by Mr. Hilton (Lectures on Rest and Pain, 2d edition, p. 115). A small incision is made through the skin and fascia, and through this a director is cautiously pushed into the cavity of the abscess, when pus will be seen escaping along its groove. A pair of dressing-forceps with closed blades is then passed along the director into the abscess, and its blades are separated so as to tear the abscess open, and, as they are withdrawn, to dilate the tissues and provide a free outlet to the surface.—*Howard Marsh, in British Medical Journal.*

The Use of Drainage-tubes in Dropsy.—Dr. Southey narrated to the Clinical Society of London, lately, his treatment of dropsy with capillary drainage-tubes. The canulae were scarcely larger than the ordinary subcutaneous injecting needles, and were introduced by a fine trocar. They terminated with a little bulbous extremity, over which the capillary india-rubber tube was drawn after its introduction into the dropsical limbs. A tiny thread and small piece of adhesive plaster sufficed to maintain the canula in the skin, and the connected drainage-tube was conducted below the patient and into a pan beneath his bed. The large amount of serous fluid which might thus be withdrawn in dropsical subjects from a single prick in each leg was quite surprising. The fluid continued to drip away for as many hours as the tube was retained *in situ*, and this without any discomfort to the patient. No escape of fluid took place beside the canula. The whole was conducted outside the bed, and several pints usually thus drained away from

highly dropsical subjects each twenty-four hours. The advantages were manifold of this exceedingly simple and cleanly method of relieving anasarca, when this was extreme: 1. Instead of several needle-pricks, all of which were painful and quite likely to form troublesome sores and centers for erysipelas to depart from, one, or at most two—only one for each limb—were needed; 2. The skin round about the puncture was not macerated by the oozing serum, nor irritated by it; 3. The patient was kept dry and warm and clean, in bed; 4. The relief obtained was more speedy as well as more thorough; 5. Should the escape of fluid prove too rapid, and become attended by circulatory disturbance in the dropsical limbs, or by uremic symptoms, the quantity drawn off could be easily regulated, controlled, or temporarily arrested by a tiny clamp placed upon the tube; 6. The serous fluid, which in cases of renal anasarca contained very large amounts of urea, could be tested for this, and the quantity thus escaping be exactly ascertained. Thus, in the particular case brought forward by Dr. Southey, the average amount of urea which was thus excreted amounted to 4.7 grammes, or 72.56 grains, for twenty-four hours. In point of fact, Dr. Southey had drawn off as much as fourteen pints of serous dropsical fluid in twenty hours from a patient by two such tubes, and in answer to questions put to him, he was able to state that he had seen no inconvenience arise from the maintenance of the canula in the skin in the same situation for forty-eight hours; the prick-hole closed at once, and without ulcerating, when it was withdrawn.

Remedy for Hooping-cough.—(Lyon Médical No. 11, 1877.) M. Dervieux believes he has found a preservative means in aconite associated with ipecac and cherry laurel water. This mixture is either a veritable preventive, or simply an abortive. His formula is as follows:

Extract of aconite, 0.05 grammes	=	grain nearly.
Cherry laurel water, 4.	"	= 1 drachm "
Syrup of ipecac, 3.	"	= $\frac{1}{2}$ "
Mucilage, 200.	"	= $6\frac{1}{2}$ ounces "

This is given as soon as the characteristic cough presents itself, in doses of a teaspoonful every hour to young infants; two teaspoonfuls to those more than three years of age, and a teaspoonful to adults every hour.—*Chicago Med. Jour. and Examiner.*

Lasinski recommends the insufflation into the larynx of the patient of a small quantity of a powder composed of 30 grains of salicylic acid, 15 grains of quinine, 7 grains of bicarbonate of soda, and 7 grains of sugar. This should be done twice daily, and the above quantity should last about ten days. He adopted this treatment in fifteen cases of severe hooping-cough, which were cured in periods varying from eight to thirty days.—*(Deutsch. Med. Wochens.)*